

From: Licensing [mailto:DSS_LICENSING@LISTSERV.COV.VIRGINIA.GOV] **On Behalf Of** Williams, Edwina (VDSS)
Sent: Wednesday, August 13, 2014 11:19 AM
To: DSS_Licensing
Subject: Current Initial Application, Expiring License and Provisional Reports, August 2014

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BROADCAST

DATE: August 7, 2014

TO: All State and Local Staff
All Staff of the Office of Comprehensive Services

FROM: Lynne A. Williams, Director
Division of Licensing Programs

SUBJECT: Notification Report of Children's Residential Facilities (CRF) Issued a Provisional License Due to Multiple Health and Safety Violations.

CONTACT(S): Robin Ely at (804) 662-7367 or robin.ely@dss.virginia.gov
Sharon Lindsay at (804) 726-7167 or sharon.lindsay@dss.virginia.gov

This broadcast serves to alert relevant local governments and placing and funding agencies, including the Office of Comprehensive Services, to anticipate receipt of a mass distribution e-mail containing important up-dated information and website linkages about children's residential facilities (CRFs).

The mass distribution e-mail will contain information about the status of initial and renewal applications, licenses that have been denied, and facilities that were issued a provisional license due to health and safety violations.

All state and local department staff can find the website linkages mentioned above on SPARK at <http://spark.dss.virginia.gov/divisions/dolp/>

The website linkages above can also be found on the department's public website at <http://www.dss.virginia.gov/facility/crf.cgi>.

Current Initial CRF Applications in Process

Child Welfare Unit Contact Number: (804) 662-7053

FACILITY NAME	ADDRESS
Grace Home	13501 Blue Heron Circle, Chesterfield, VA 23838

CRF Licenses Expiring in the Month of August 2014

FACILITY NAME	LICENSE EXPIRATION DATE
Presbyterian Children's Home of Highland	8/8/2014

VDSS, Division of Licensing Programs
Child Welfare Licensing Unit
1604 Santa Rosa Road, Suite 130
Henrico, Virginia 23229
(804) 662-7367 or (804) 662-7053

August 1, 2014 |||

REPORT OF ISSUANCE OF A PROVISIONAL LICENSE OR DENIAL OF LICENSE FOR CHILDREN'S RESIDENTIAL FACILITIES BY THE DEPARTMENT OF SOCIAL SERVICES

Provisional Licenses Issued:

FACILITY NAME	FACILITY LOCATION	EFFECTIVE DATE	EXPIRATION DATE	INSPECTOR NAME AND PHONE NUMBER
NONE				

Denial of Licensure:

FACILITY NAME	FACILITY LOCATION	DATE	INSPECTOR NAME AND PHONE NUMBER
NONE			

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